



CRIMINAL BACKGROUND CHECK RELEASE FORM

Agency/Individual: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

The undersigned individual does hereby authorize agents of (or individual as stated above) _____ to inquire into his/her background for any record of criminal history. It is understood that this criminal history check will contain only local adult criminal history conviction data.

Date _____

Signature _____

City of _____
Commonwealth of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____ by _____.

Notary Public _____

My commission expires: _____

Do not write below this line

☐

No Record Found

☐

See Attached

Remarks: **Unauthorized dissemination will subject the disseminator to criminal and civil penalties. This record check is limited to Lynchburg charges only. Only adult conviction data provided.**

Searched By: _____ Date: _____